

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/552712

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2		/			
3		/			
4		/			
5		/			
6		/			
7		/			
8		/			
9		/			
10	/	/			
11		/			
12		/			
13	/				
14		/			
15	/				
16		/			
17		/			
18		/			
19		/			
20		/			
21		/			
22		/			
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

TOTAL IND.

4



TOTAL DEP.

1



TOTAL CLAIMS

24

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

TOTAL IND.

1



TOTAL DEP.

1



TOTAL CLAIMS

1

